



00862.022519.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Masahiro MORISADA) : Examiner: R. E. Fuller
Application No.: 10/073,976) : Group Art Unit: 2851
Filed: February 14, 2002) : Confirmation No.: 4966
For: ACTIVE ANTI-VIBRATION APPARATUS AND) :
EXPOSURE APPARATUS AND DEVICE : December 23, 2003
MANUFACTURING METHOD USING THE SAME)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Official Action dated October 2, 2003, please amend the above-identified application as follows:

Image

287



00862.022519.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Masahiro MORISADA) : Examiner: R. E. Fuller
Application No.: 10/073,976) : Group Art Unit: 2851
Filed: February 14, 2002) : Confirmation No.: 4966
For: ACTIVE ANTI-VIBRATION APPARATUS AND) :
EXPOSURE APPARATUS AND DEVICE) : December 23, 2003
MANUFACTURING METHOD USING THE SAME) :

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:
Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	10	MINUS	20	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	1	MINUS	3	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$140/\$280						—
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed including the additional claims fees.

☐

Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

☒

Any prior general authorization to charge an issue fee under 37 CFR 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

☐

A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.


☐

A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒

Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Steven E. Warner
Registration No. 33,326

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200
SEW/eab

DC_MAIN 153372v1